

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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COMPLETED INTERVAL REPORT

The completed interval report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 100322
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: Justin Garrett
Phone: (303) 228-4449
Fax: (303) 228-4286

5. API Number 05-123-18958-00
6. County: WELD
7. Well Name: MONFORT GILCREST K
Well Number: 8-15
8. Location: QtrQtr: SWSE Section: 8 Township: 4N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING
Treatment Date: 07/27/2010 Date of First Production this formation: 03/14/1996
Perforations Top: 7219 Bottom: 7234 No. Holes: 78 Hole size: 27/100
Provide a brief summary of the formation treatment: Open Hole: ☐
Codell refrac
Frac'd Codell w/ 129877 gals Vistar and Slick Water with 245280 lbs Ottawa sand

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 08/20/2010 Hours: 24 Bbls oil: 10 Mcf Gas: 253 Bbls H2O: 10
Calculated 24 hour rate: Bbls oil: 10 Mcf Gas: 253 Bbls H2O: 10 GOR: 25300
Test Method: Flowing Casing PSI: 625 Tubing PSI: 515 Choke Size: 32/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1268 API Gravity Oil: 63
Tubing Size: 2 + 1/16 Tubing Setting Depth: 7201 Tbg setting date: 08/09/2010 Packer Depth: _____

Reason for Non-Production:

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Justin Garrett

Title: Regulatory Specialist

Date: _____

Email: JDGarrett@nolbeenergyinc.com

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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

Director of COGCC

Date: _____